

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023594

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 65

Primary Registration District No. 5254

Registrar's No. 24

FILED JUN 25 1963

VS 300
Rev. 4/59

1 0210

2 0210

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12 90-2

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRIPLETT		Length of stay in 1b 10 YRS	c. CITY OR TOWN TRIPLETT
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 MI EAST		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 MI EAST
3. NAME OF DECEASED (Type or print) First DANIEL Middle ARTHUR Last EPPELSON		4. DATE OF DEATH Month 6 Day 19 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-16-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 83
11a. FATHER'S NAME DANIEL EPPELSON		11b. MOTHER'S MAIDEN NAME MARY MOORE	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME DANIEL EPPELSON		13b. MOTHER'S MAIDEN NAME MARY MOORE	14. NAME OF HUSBAND OR WIFE LILLIAN EPPELSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		17. INFORMANT LILLIAN EPPELSON TRIPLETT	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage DUE TO (b) Atherosclerosis DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb. 19 60 to June 19 63 and last saw her on June 19 1963 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. E. McCurry		22b. ADDRESS Brunswick Mo.	
22c. DATE SIGNED 6-21-63		22d. (State)	
23a. BURIAL CREMATION, REMOVAL (specify) BURIAL		23b. DATE 6-22-1963	
23c. NAME OF CEMETERY OR CREMATORY LAKE SIDE		23d. LOCATION (City, town, or county) SUMNER MO.	
24. FUNERAL DIRECTOR L. E. McCurry		25. DATE RECD. BY LOCAL REG. June 22-1963	
26. REGISTRAR'S SIGNATURE Louie Smith			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. E. McCurry

Licensed Embalmer No. 4806

P. O. Address Brunswick Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.